

**PERSONNEL ACTION**

FOR USE OF THIS FORM, SEE AR 600-8-6 AND DPA PAM 600 -8-21; THE PROPONENT AGENCY IS ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** TITLE 5 SECTION 3012; TITLE 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**Routine Uses:** To initiate the process of a personnel action being requested by the soldier.  
**Disclosure:** Voluntary, Failure to provide social security number may result in delay or error in processing the request for Personnel action.

1. THRU (Include ZIP Code)  
Commander  
HQ's, 171st IN BDE  
Fort Jackson, SC 29207

2. TO (Include Zip Code)  
USA, HRC  
ATTN: **YOUR BRANCH OFFICE SYMBOL**  
200 Stovall St  
Alexandria, VA 22332

3. FROM (Include Zip Code)  
Commander  
USASD  
5450 Strom Thurmond Blvd  
Fort Jackson, SC 29207

**SECTION I - PERSONNEL IDENTIFICATION**

4. NAME (Last, First, MI)  
DOE, JOHN I.

5. GRADE OR RANK/PMOS/AOC  
CPT/13Z/FA

6. SOCIAL SECURITY NUMBER  
123-45-6789

**Section II - DUTY STATUS CHANGE (AR-600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**Section III - REQUEST FOR PERSONNEL ACTION**

8. I REQUEST THE FOLLOWING ACTION: (check as Appropriate)

<input type="checkbox"/>	Service School (Enl only)	<input type="checkbox"/>	Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On the Job Training (Enl only)	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Volunteering for Overseas Service	<input type="checkbox"/>	Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/>	Exchange Reassignment (Encl only)	<input type="checkbox"/>	Officer Candidate School	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/>	<b>COURSE YOU ARE REQUESTING</b>

9. SIGNATURE OF SOLDIER (When Required)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (applies to Sections II, III, and V) (Continue on Separate sheet)**

**SCHOOL NAME:**

**CLASS NUMBER:**

**CLASS START AND END DATES:**

**Graduation Date from the United States Army Student Detachment:**

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I CERTIFY THAT THE DUTY STATUS CHANGE (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DIS APPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

EBONY N. CALHOUN CPT, FI, COMMANDING

13. SIGNATURE

14 DATE (YYYYMMDD)